

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE			
						APPLICANT(S)		09/926719			
CLAIMS						*		*			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1	1	1	1	51					
2	1					52					
3						53					
4						54					
5						55					
6						56					
7						57					
8						58					
9						59					
10	1					60					
11	1					61					
12	1					62					
13	1					63					
14						64					
15						65					
16						66					
17						67					
18						68					
19						69					
20						70					
21						71					
22						72					
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28						78					
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30						80					
31						81					
32						82					
33						83					
34						84					
35						85					
36						86					
37						87					
38						88					
39						89					
40						90					
41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL	3					TOTAL IND.					
TOTAL DEP.	10					TOTAL DEP.					
TOTAL CLAIMS	13					TOTAL CLAIMS					